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FEB 13 2012

PSC SC
CLERK'S OFFICE

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ORS
T,T,W,W/W

To: Public Service Commission
Clerk's Office
Post Office Drawer 11649
Columbia, SC 29211
Fax: 803-896-5199

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

From: Mary Spivey-Just, Manager

Date: February 11, 2012

Subj: Application - Class - **ADDITIONAL INFORMATION**

Ref: Ambassador Limousine Services, LLC
Charleston, South Carolina

Please attached the Articles of Organization to the original application faxed on 2/10/12.

Thank you.

3 pages attached including this cover sheet.

FEB 01 2012

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

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SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

Ambassador Limousine Services, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1725 W Sandcroft Drive

Street Address

Charleston, SC

29407

City

Zip Code

3. The initial agent for service of process is

Mary Spivey-Just

Name

Mary Spivey-Just
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1725 W Sandcroft Drive

Street Address

Charleston, SC

29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Mary Spivey-Just

Name

1725 W Sandcroft Drive

Street Address

Charleston

SC

29407

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

Form Received by South Carolina

120207-0108

FILED: 02/01/2012

AMBASSADOR LIMOUSINE SERVICES, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) Mary Spivey-Just
- Name _____
- 1725 W Sandcroft Drive
- Street Address _____
- Charleston SC 29407
- City State Zip Code
- (b) _____
- Name _____
- Street Address _____
- City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
- None _____
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.



 Signature of Organizer

1/30/12

 Date

 Signature of Organizer

 Date